

XCALIBUR CHIROPRACTIC, P.C.

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Bronx, NY 10461
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Billing Location
1584 86th Street
Brooklyn, NY 11228
Tel.: (718) 621-5800
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April 4, 2007

PATIENT: FROMETA, ADONNA

DATE OF ACCIDENT: 02-14-07

INITIAL COMPREHENSIVE EXAMINATION

The patient is a 39 year old right-handed female with history of injury on the above-mentioned date when the patient was involved in a motor-vehicle accident in which she was a restrained driver. Her car was hit in the back. On the impact, she whiplashed her neck and back. She was surprised by the impact. The patient lost consciousness for 2 minutes at the time of the accident and was disoriented.

The patient was taken by an ambulance to the Emergency Room at Cabrini Hospital, where CT Scan of the head was taken. The patient was evaluated and discharged home with a prescription of painkillers. The patient was seen at a clinic on 48th Street Madison Avenue for 5 weeks.

Patient's chief complaints are headaches (twice a week), blurry vision, neck pain radiating to the right shoulder, lower back pain radiating to the right leg, numbness and tingling in the right arm and bilateral 1st toes, muscle weakness in the right arm, sleeping problems, anxiety, and depression. The pain is described as severe, constant, and sharp. Pain is exacerbated by coughing and sneezing (neck pain), lifting, bending down, activities of daily living, standing, and walking. General pain scale is 7-9/10.

PAST MEDICAL HISTORY: History of breast implants 12 years ago, right index finger fracture 14 years ago. The patient has allergies to Penicillin and Midol.

SOCIAL HISTORY: The patient denies drinking or smoking. Her occupation is a waitress and flight attendant. She cannot work full time since the accident. Ms. Frometa cannot ski, ice skating and play racquetball.

PHYSICAL EXAMINATION:

Her weight is 133 pounds and height is 5'4".

FROMETA, ADONNA
DOA: 02-14-07

Examination of the Cervical Spine: Cervical spine palpation reveals muscle spasm, restricted motion, and trigger points at C3-C6 levels. Foraminal Compression test, Maximal Compression test, Soto-Hall test, and Cervical Distraction test are positive bilaterally with pain.

Cervical spine motion studies reveal the following arthrometric readings (examined with J-tech dualer-inclinometer):

	Normal	Test	% Change
Extension:	60°	50° with neck pain	17%
Flexion:	50°	50° with neck pain	
Lateral bending:			
Left	45°	30° with neck pain	33%
Right	45°	35° with neck pain	22%
Lateral rotation:			
Left	80°	60° with neck pain	25%
Right	80°	60° with neck pain	25%

Examination of the Thoracic Spine: Thoracic paraspinal musculature reveals restricted motion, muscle spasm and trigger points over T4-T7 levels.

Examination of the Lumbar Spine: Lumbar spine palpation reveals trigger points, restricted motion, and muscle spasm over the L4-L5 levels. There is restricted motion noted over the sacroiliac joints area bilaterally. Yeoman's test, Braggard's test, Bechterew's test, and Kemp's test are positive bilaterally. Straight Leg Raising test is positive at 60° bilaterally with hip internal rotation and adduction to increase tension on the L5 and S1 roots. Milgram's test is positive.

Lumbosacral spine motion studies reveal the following arthrometric readings (examined with J-tech dualer-inclinometer):

	Normal	Test	% Change
Flexion:	60°	50° with lower back pain	17%
Extension:	25°	10° with lower back pain	60%
Lateral bending:			
Left	25°	15° with lower back pain	40%
Right	25°	20° with lower back pain	20%

Neurological Examination: Muscle strength is 5/5 in all muscle groups bilaterally. Deep tendon reflexes are 2+ and symmetrical. Sensation is decreased from C5-T1 dermatomes on the right side and from L4-S1 dermatomes on the left side.

INITIAL IMPRESSIONS:

1. Cervical radiculitis.
2. Cervical disc displacement/herniated nucleus pulposus.
3. Thoracic myofascitis.

FROMETA, ADONNA
DOA: 02-14-07

4. Lumbar disc syndrome.
5. Lumbar radiculitis.

TREATMENT PLAN:

1. Office visits at a frequency of 3 times a week for 6-8 weeks were discussed with following plan:

Techniques/Modalities:

- Flexion Distraction
- Full spine technique
- Ischemic compression
- PIR stretching

Rehab Exercises:

- Cervical bends/isometrics 20x10sec
 - Cat/camel 20x10sec
 - Lumbosacral bridges 20x10sec
 - Lumbosacral extension 20x10sec
 - Sacroiliac stretches 20x10sec
 - Knee/chest 20x10sec
 - Core strengthening
2. Neurological consultation.
 3. Pain management consultation.

TREATMENT GOALS:

1. Decrease subacute pain.
2. Decrease inflammation.
3. Decrease muscle spasm / adhesions.
4. Increase local / global ranges of motion.
5. Reduce segmental dysfunction / Articular adhesions.
6. Promote spinal strength and stability.

COMMENTS:

I feel that there is a direct causal relationship between the accident described and Ms. Frometa's current injuries. Her symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point, the patient remains impaired with regard to some functional capabilities, as such, I would like to recommend that the patient continue spinal manipulative therapy aiming to alleviate her pain and to prevent any further progression of her disability.

03/26/2008 08:21 FAX

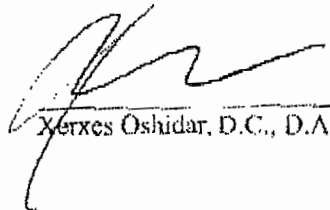
FROM: ADONNA
DOA: 02-14-07

4

PROGNOSIS:

The prognosis of the patient's condition in regard to a full and complete recovery to a state as existed to the accident of 02-14-07 is guarded.

Sincerely,



Xerxes Oshidar, D.C., D.A.A.P.M.

PATIENT NAME: Francis Adenwa
 OTHER EXAM FINDINGS: _____

DATE OF EXAM: 4, 4, 07

TREATMENT PLAN: office visits at a frequency of 3 x 6-8 weeks **Techniques/Modalities:**

~~Flexion Distraction~~ ~~Full Spine~~ ~~Ischemic compression~~ ~~PIR stretching~~ DTS Spinal Decompression
 15min Heat/Ice 20/50/cont Ultrasound Low volt surge/tet ___ min Spinal MUA Manual Cerv Traction
 other _____

Rehab Exercises: cervical bends/isometrics 2 x 1 secs Body Blade
 ___ x Cat/camel 2 x 1 secs L/S bridges 2 x 1 secs L/S exten 2 x 1 secs ExBike
 ___ mins SI stretches 2 x 1 secs AB crunches ___ x ___ secs Knee/chest 2 x 1 secs core
 strengthening Balance training Posture pump ___ x ___ other _____

CHIROPRACTIC ASSESSMENT

CERVICAL

839.1 CERV SUBLUXATION
 723.1 CERVICALGIA
 847.0 CERV SPR/STR
 723.2 CERVICOCRANIAL SYND
 723.3 CERVICOBRACHIAL SYND
 728.85 CERV SPASM
 729.1 CERV MYOFASCITIS
 723.4 CERV RADICULITIS
 723.5 TORTICOLLIS
 737.1 KYPHOTIC CURVE
 722.0 DISC DISPLACEMENT/HNP
 324.6 TMJ SYND
 353.0 THORACIC OUTLET SYND
 738.4 SPONDYLOLISTHESIS
 805.4 COMPRESSION FX
 310.2 POST CONCUSSION SYNDROME
 784.0 TENSION H/A
 723.8 CERVICAL FACET SYNDROME
 723.0 CERVICAL SPINAL STENOSIS
 721.0 CERVICAL ARTHROPATHY
 386.0 CERVICOGENIC VERTIGO
 OTHER: _____

THORACIC

839.2 THOR SUBLUXATION COMPLEXES
 729.1 THOR MYOFASCITIS
 847.1 THOR SPR/STR
 353.8 INTERCOSTAL NEURITIS
 722.11 DISC DISPLACEMENT/HNP
 724.4 THORACIC RADICULITIS
 737.30 SCOLIOSIS
 848.3 INTERCOSTAL STR
 805.4 COMPRESSION FX
 728.85 THOR SPASM
 OTHER: _____

EXTREMITIES

726.10 ROTATOR CUFF/IMPINGEMENT
 726.31 MED EPICONDYLITIS
 726.32 LAT EPICONDYLITIS
 840.0 SHOULDER SPR/STR
 844.9 KNEE SPR/STR
 845.00 ANKLE SPR/STR
 719.4 PAIN IN JOINT
 354.0 CARPAL TUNNEL SYNDROME
 OTHER: _____

LUMBO-SACRAL/ SI

839.3 LUM/ SI SUBLUXATION COMPLEXES
 839.5 PELV SUBLUXATION COMPLEXES
 722.1 DISC DISPLACEMENT/HNP
 724.3 SCIATICA
 724.8 FACET SYND
 756.10 FACET TROPISM
 738.4 SPONDYLOLISTHESIS
 722.73 LUMB DISC SYNDROME
 847.2 LUM SPR/STR
 846.1 SI SPR/STR
 728.85 LUM SPASM
 729.1 LUM MYOFASCITIS
 737.10 KYPHOTIC CURVE
 805.4 COMPRESSION FX
 724.4 LUM RADICULITIS
 737.30 SCOLIOSIS
 724.2 LUMBAGO
 721.3 LUMBAR ARTHROPATHY
 724.02 LUMBAR SPINAL STENOSIS
 719.48 SACROILIAC JOINT PAIN
 355.0 PIRIFORMIS SYNDROME
 782.0 PARESTHESIA LOWER EXTREM
 OTHER: _____

TREATMENT GOALS:

- ☒ 1. Decrease acute pain/ Manage chronic pain
- ☒ 2. Decrease inflammation
- ☒ 3. Decrease muscle spasm/adhesions
- ☒ 4. Increase local/global ranges of motion
- ☒ 5. Reduce segmental dysfunction/ Articular adhesions
- ☒ 6. Promote spinal strength and stability
- ☐ 7. Correct postural deficit
- ☐ 8. Improve movement patterns/neuromuscular reeducation
- ☐ 9. Reduce intervertebral disc pressure/ compression
- ☐ 10. Return to work/ social activities

PATIENT NAME: Francis AdonwaDATE OF EXAM: 4/4/07

POSTURE: () Head Tilt () Head Rotation () Head Forwarded () High Shoulder
 () Anterior Pelvis () Antalgic Lean () Rounded Shoulders () High Ilium

VBAI (+) (-)
 Cervical Manipulation
 Contraindicated () Y () N

SPINAL PALPATION**CODES:** E=EDEMA S=SPASM R=RESTRICTED MOTION TP=TRIGGER POINTS

	OCC-C2	C3-C4	C5-C6	C7-T1	T2-T3	T4-T5	T6-T7	T8-T9	T10-T11	T12-L1	L2-L3	L4-L5	TRAPS	RHOMB	SI JOINTS
E															
S															
R															
TP															

RANGE OF MOTION

	Cerv	L/S
Flexion	50	60
Extension	60	25
(L) Bending	45	25
(R) Bending	45	25
(L) Rotation	80	45
(R) Rotation	80	45

Cervical Orthopedic Tests:

	Left	Right
Foraminal Compression	+	+
Maximal Compression		
Distraction		
Soto-Hall		
Valsalva	(+)	(-)
Romberg	(+)	(-)
Finger/Nose/Finger	(+)	(-)

Lumbar Orthopedic Tests:

	Left	Right
Yocum's/Ely's	+	+
SLR/int rot/add	60	60
Braggard's	+	+
Kemp's (stand)	+	+
Becktrew's	+	+
Milgram's	(+)	(-)
Lincoln's	(+)	(-)

Shoulder Tests:	Left	Right
Palpatory Findings	(E) (S)	(E) (S)
Abnormal ROM		
Codman's		
Apley's		
Yergason's		
Neer's		
Hawkin's		

TOS Tests:	Left	Right
Wright's		
Adson's		
Eden's		
Scaleses		
Pec Minor		

Knee Tests:	Left	Right
Palpatory Findings	(E) (S)	(E) (S)
Abnormal ROM		
Mc Murray's		
Apley's Comp		
Apley's Distract		
Valgus / Varus		
A-P / P-A Drawer		

MOTOR	Left	Right
Shoulder Abd (C5)		
Wrist Ext. (C6)		
Wrist Fx (C7)		
Fingers Fx (C8)		
Hand Int (T1)		
Hip Fx (L1-L3)		
Knee Ext (L2-L4)		
Heel Walk (L5)		
Toe Walk (S1)		

REFLEXES	Left	Right
Biceps (C5)		
Brachii (C6)		
Triceps (C7)		
Patellar (L4)		
Achilles (S1)		
Babinski		
128 Tuning Fork		
Grip in the force		

SENSORY	Left	Right
C5		
C6		
C7		
C8		
T1		
L4		
L5		
S1		

CASE MANAGEMENT:

Xrays: C/S T/S L/S ext
 Providers: Int Neur Orth Acu Dent Psych
 PM&R Pain mgt

MRI (if pt fails to respond) C/S T/S L/S
 ext

Rx SUPPLIES for pain/inflam/support: C-pillow
 L/S brace Tens/EMS Heat Ice Massager
 Ortho seat other:

DR.

XCALIBUR CHIROPRACTIC PC

XCALIBUR CHIROPRACTIC P.C.
LUMBAR RANGE OF MOTION
(Inclinometer Measured) 95851

NAME: _____

DATE: _____

DOA: _____

(Normal based on 1994 AMA guide to the evaluation of permanent impairment)



Fig. 27. Left. Range of flexion in the lumbar spine. Right. Range of extension in the lumbar spine.

	NORMAL	TEST	% CHANGE
E	25	10 L31	60
F	60	50	17

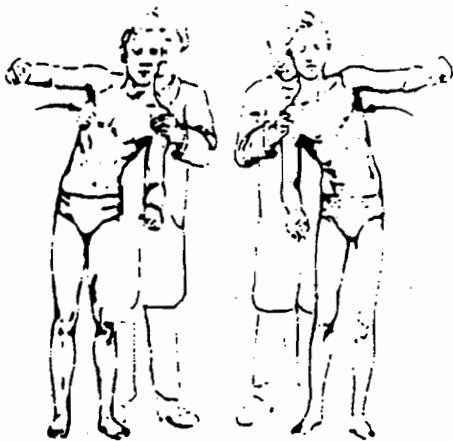


Fig. 28. Range of lateral bending in the lumbar spine should be equal on both sides.

	NORMAL	TEST	% CHANGE
L	25	15	40
R	25	20	20

(L/S ROTATION NOT REQUIRED FOR IMPAIRMENT)

	NORMAL	TEST	% CHANGE
L	45		
R	45		

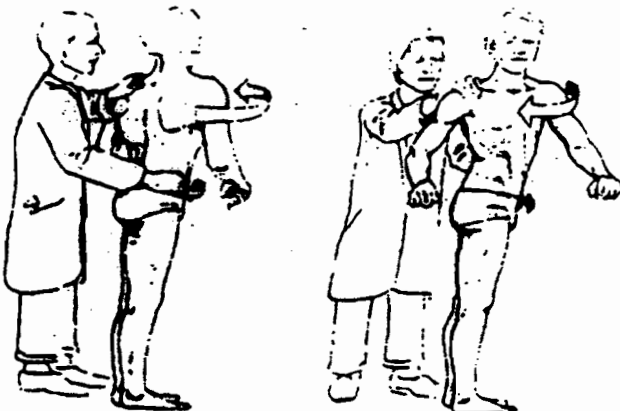


Fig. 29. Range of rotation in the lumbar spine.

XCALIBUR CHIROPRACTIC P.C.
CERVICAL RANGE OF MOTION
(Inclinometer Measured) 95851

NAME: _____

DATE: _____

DOA: _____

(Normal based on 1994 AMA guide to the evaluation of permanent impairment)

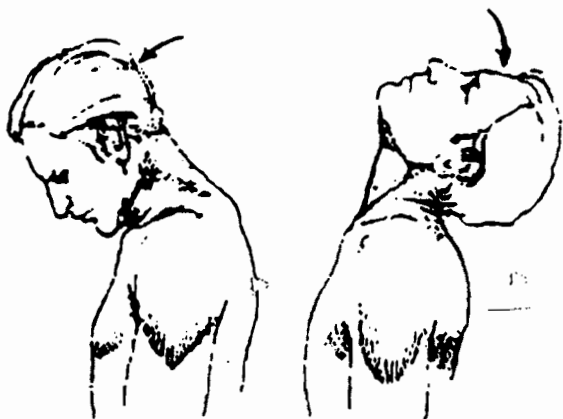


Fig. 24. Left. Normal range of neck flexion. Right. Normal range of neck extension.

	NORMAL	TEST	% CHANGE
E	60	50 ^(N) AD	17
F	50	50	—

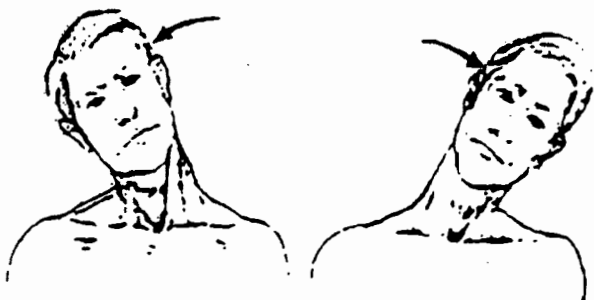


Fig. 25. Normal range of lateral bending.

	NORMAL	TEST	% CHANGE
L	45	30	33
R	45	35	22



Fig. 26. Normal range of neck rotation.

	NORMAL	TEST	% CHANGE
L	80	60	25
R	80	60	25

CHIROPRACTIC INITIAL EXAM

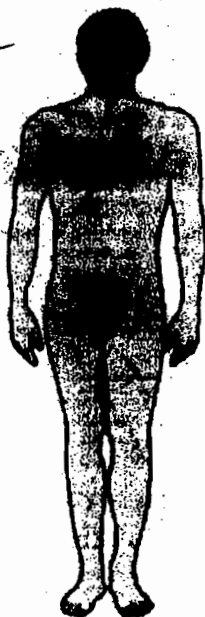
PATIENT NAME: Francis Adonno DATE OF EXAM: 4/4/07
 DATE OF ACCIDENT: 2/14/07 DATE OF BIRTH: 3/25/68 R L HANDED

Accident Type: ☒ Auto () Work () Home () Bicycle () Pedestrian () Other _____
 Patient was seated in the: ☒ Driver seat () Passenger seat () Back seat Surprised by impact ☒ Yes () No
 Vehicle was hit from: () Front ☒ Back () Right side () Left side
 Patient hit: () Head ☒ C/L Whiplash () Chest/Ribs () R () L Shoulder () R () L Knee () Other 2 minutes
 Patient was wearing seat belt: ☒ Yes () No Hit Air Bag: () Yes ☒ No Patient lost consciousness ☒ Yes () No
 Disoriented ☒ Yes () No Pregnant () Yes () No Date of LP 1/1 Head Rotation at impact (L) (N) (R)
 The patient went ☒ via ambulance () self-transport to Cabrini Hospital Emergency Room for
 treatment. () X-rays of the () neck () mid-back () lower back () shoulder () knee () Other CT scan Head
 X-Rays results OK

Other Doctors seen for this condition: 48th St Hospital Medication given: Painkillers
clinic for weeks

CHIEF COMPLAINTS:

1. NP rad to USH 2. LBP rad to leg 3. MBP rad to leg 4. (R) (L) Shoulder Pain 5. (R) (L) Knee Pain
 6. Headache 7. Dizziness 8. Blurry Vision 9. Tinnitus 10. Nausea 11. (R) (L) Jaw Pain 12. Chest/Rib Pain
 13. Numbness/Tingling to arm & leg 14. Muscle weakness 15. Bowel/Bladder 16. Sleeping problems/
 Position _____ 17. Concentration/memory problems 18. Anxiety/depression

History of Chief Complaint Continued:

water
patient clinic stim exercises
1st injury to neck & leg

Visible distress:

Job description: stands _____ hrs sits/computer _____ hrs
 lifts _____ lbs hrs bends/crouches _____ hrs
can't work full time since accident

PAIN:

- Mild-Annoyance-no impairment
 ---Slight-Some mild impairment
 ---Moderate-marked impairment
 ---Severe-incapacitated/bed ridden

VISUAL ANALOG SCALE

c/s 1 2 3 4 5 6 7 8 9 10 worst
 l/s 1 2 3 4 5 6 7 8 9 10 worst

FREQUENCY:

- Intermittent (25% of the time)
 ---Occasional (25-50% of the time)
 ---Frequent (50-75% of the time)
 ---Constant (75-100% of the time)

PAIN TYPE: ☒ Sharp () Achy () Sore () Burning () Throbbing () Stabbing () Dull () Tense ☒ Other electric

RELIEVING FACTORS: () Rest () Stretches () Shower () Sitting () Standing () Heat () Ice () Medication () Other _____

AGGRAVATING FACTORS: ☒ Cough ☒ Sneeze () Stool ☒ Lifting ☒ Bending ☒ A.D.L. ☒ Standing () Sitting ☒ Walking

OCCUPATION: waitress DESCRIPTION: _____ Dates of missed work: _____ to _____
flight attendant

PMHx: () CA () DIAB () HTN () TB () OTHER: _____

Past trauma: _____ Hosp/Sx: Breast implants 12 yrs ago

Fxs: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th Allergies: penicillin, alcohol Metal in body () Y () N

PAST CHIRO TX: _____ Social Hx: can't ski, ice skating, rag football

Alcohol: () Yes () No () Social Smoke: () Yes ☒ No (amt _____)

Height: 5'4" Weight: 133 BP: _____

Pulse: _____ Resp: _____ Temp: _____

XCALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

Exam	Referral	Diagnosis	Prognosis	Pain Rel
P- Pain	P- Pain	P- Pain	P- Pain	P- Pain
N- Numb	N- Numb	N- Numb	N- Numb	N- Numb
T- TMR	T- TMR	T- TMR	T- TMR	T- TMR

PATIENT NAME: Francis, AdemaDOA: 2/14/07DATE: 4/4/07

SIGNATURE: _____

TXs: 99207

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, F/D+circ

Doctor _____ Copay _____ Other Tx _____

DATE: 4/12/07SIGNATURE: Adema FrancisTXs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, F/D+circ

Doctor _____ Copay _____ Other Tx _____

DATE: 4/13/07SIGNATURE: Adema FrancisTXs: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, F/D+circ

Doctor _____ Copay _____ Other Tx _____

DATE: 4/20/07SIGNATURE: Adema FrancisTXs: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, F/D+circ

Doctor _____ Copay _____ Other Tx _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

MODALITY CODES: HMP-97012 heat wrap TrPTX-97140 manual therapy ESTIM-97014 electric stim. 15-97015 ultrasound TRAX-97012 mechanical EXER-97110 therapeutic exercise 5 min PP-97112 pressure pump 30 min
ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
EQUIPMENT CODES: MLDBRC-K0638 molded L.S brace ORTH-13250 custom flex orthoses PILLOW-EU000
EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment 05-00214
15 min CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97110 15 exam 30 min MT-14-22508

XCALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

Ref	Diagnosis	Chiropractic	Progress	Pain Rel
1- Pain	2- Spine	3- System	U- Unchanged	H- Head
4- Neck	5- Extremities	6- Head	I- Improved	S- Shoulder
7- Joint	8- Posture	9- Balance	W- Worse	P- Pelvis

PATIENT NAME: Krista AdamsDOB: 11/10/77DATE: 5/2/07SIGNATURE: [Signature]TX: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S / 8 U Thoracic P N S / 7 L Thoracic P N S / 7 L S P N S	H Sh Arm <u>engraving</u> Rib Rib B, Thigh, Ank <u>Charley Casanova sign</u> <u>had epidermal in</u> <u>cls</u>	Cervical S E R U Thoracic S E R L Thoracic S E R L S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv <u>CR</u> U Thoracic L R ant L Thoracic L R ant L S L R <u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor: [Signature]

Copay

Other Tx: Dr. GAB 5/10/7DATE: 5/3/07SIGNATURE: [Signature]TX: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S / 7 U Thoracic P N S / 7 L Thoracic P N S / 7 L S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv <u>CR</u> U Thoracic L R ant L Thoracic L R ant L S L R <u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor: [Signature]

Copay

Other Tx

DATE: 5/9/07SIGNATURE: [Signature]TX: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S / 4 U Thoracic P N S / 8 L Thoracic P N S / 8 L S P N S	H Sh Arm Rib Rib B, Thigh, Ank <u>last Thrusdy 2nd</u> <u>epidermal</u>	Cervical S E R U Thoracic S E R L Thoracic S E R L S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv <u>CR</u> U Thoracic L R ant L Thoracic L R ant L S L R <u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor: [Signature]

Copay

Other Tx

DATE: 5/11/07SIGNATURE: [Signature]TX: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S / 9 U Thoracic P N S / 8 L Thoracic P N S / 8 L S P N S	H Sh Arm Rib Rib B, Thigh, Ank <u>had 3rd epidermal</u> <u>incls</u>	Cervical S E R U Thoracic S E R L Thoracic S E R L S S E R Trap/ql/scal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv <u>CR</u> U Thoracic L R ant L Thoracic L R ant L S L R <u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor: [Signature]

Copay

Other Tx

MODALITY CODES: HMP-97012 heat/ice pack TrPTX-97140 manual therapy EXER-97110 therapeutic exercise 5 min PP-97112 posture pump VAS-97113 ultrasound TRAX-97012 mesh traction EXER-97110 therapeutic exercise 5 min PP-97112 posture pump VAS-97113 ultrasound

ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L S brace ORTH-LJ250 custom foot orthotics PILLOW-Edison

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment (V) 10/12

1- Pain 2- Spine 3- System 4- Neck 5- Extremities 6- Head 7- Joint 8- Posture 9- Balance

CROM-97891 cervical ROM LROM-97891 lumbar ROM NIOSH-97750 10 exam 30 min MT-14-12545

KC BUR CHIROPRACTIC TREATMENT RECORD**Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth**

Key	Subjective	Objective	Progress	Pain Rad
	P- Pain N- Numb S- Stiff	S- Swell E- Edema R- Restriction	U- Unchanged I- Improved W- Worse	H- Head Sh- Shoulder B- Buttock

PATIENT NAME: Moneta Adams**DOB:** 11/14/40**DATE:** 5/14/07**SIGNATURE:** Moneta Adams**TXs:** 9913

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical <u>PNS</u> U Thoracic <u>PNS</u> L Thoracic <u>PNS</u> L/S <u>PNS</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical <u>SER</u> U Thoracic <u>SER</u> L Thoracic <u>SER</u> L/S <u>SER</u> Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C1 L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
<u>Progress</u> U I W		CROM <u>↓</u> WNL PAIN LROM <u>↓</u> WNL PAIN		<u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor _____ **Copay** _____ **Other Tx** _____**DATE:** _____ **SIGNATURE:** _____ **TXs:** _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical <u>PNS</u> U Thoracic <u>PNS</u> L Thoracic <u>PNS</u> L/S <u>PNS</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical <u>SER</u> U Thoracic <u>SER</u> L Thoracic <u>SER</u> L/S <u>SER</u> Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C1 L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
<u>Progress</u> U I W		CROM <u>↓</u> WNL PAIN LROM <u>↓</u> WNL PAIN		<u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor _____ **Copay** _____ **OtherTx** _____**DATE:** _____ **SIGNATURE:** _____ **TXs:** _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical <u>PNS</u> U Thoracic <u>PNS</u> L Thoracic <u>PNS</u> L/S <u>PNS</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical <u>SER</u> U Thoracic <u>SER</u> L Thoracic <u>SER</u> L/S <u>SER</u> Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C1 L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
<u>Progress</u> U I W		CROM <u>↓</u> WNL PAIN LROM <u>↓</u> WNL PAIN		<u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor _____ **Copay** _____ **OtherTx** _____**DATE:** _____ **SIGNATURE:** _____ **TXs:** _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical <u>PNS</u> U Thoracic <u>PNS</u> L Thoracic <u>PNS</u> L/S <u>PNS</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical <u>SER</u> U Thoracic <u>SER</u> L Thoracic <u>SER</u> L/S <u>SER</u> Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C1 L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
<u>Progress</u> U I W		CROM <u>↓</u> WNL PAIN LROM <u>↓</u> WNL PAIN		<u>Soft Tissue</u> PIR, TRP TX, F/D+circ

Doctor _____ **Copay** _____ **OtherTx** _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140. manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

XCALIBUR CHIROPRACTIC TREATMENT RECORD**Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth**

Kex	Subjective P- Pain N- Numb S- Soft	Objective S- Swell E- Edema R- Restriction	Progress U- Unchanged I- Improved W- Worse	Pain Rad H- Head S- Shoulder B- Buttock
-----	---	---	---	--

PATIENT NAME: Frank Adams DOA 2/16/01**DATE:** 8/21/07**SIGNATURE:** _____**TXs:** 99214

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>3</u> U Thoracic P N S <u>3</u> L Thoracic P N S <u>3</u> L/S P N S <u>3</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/gl/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature] **Copay** _____ **Other Tx** _____**DATE:** 8/21/07**SIGNATURE:** _____**TXs:** 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>3</u> U Thoracic P N S <u>3</u> L Thoracic P N S <u>3</u> L/S P N S <u>3</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/gl/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R <u>ant</u> U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature] **Copay** _____ **Other Tx** _____**DATE:** 8/27/07**SIGNATURE:** _____**TXs:** 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>3</u> U Thoracic P N S <u>3</u> L Thoracic P N S <u>3</u> L/S P N S <u>3</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/gl/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R <u>ant</u> U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature] **Copay** _____ **Other Tx** _____**DATE:** 8/30/07**SIGNATURE:** _____**TXs:** 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>3</u> U Thoracic P N S <u>3</u> L Thoracic P N S <u>3</u> L/S P N S <u>3</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/gl/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature] **Copay** _____ **Other Tx** _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

GENERAL FUNCTION SCORE

NAME Adana Kraltz DATE 8/23/07 AGE _____ Birthdate: ____ - ____ - ____

For each statement please place a mark in the column that best describes your ability at the present time.

	Can perform	Can perform with difficulty, due to low back pain	Cannot perform, due to low back pain
Walk a staircase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sit for more than 30 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand for more than ⁶⁰ 30 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walk for more than 30 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift more than 22 pounds (10 Kg)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lean over a basin (sink)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carry a bag of groceries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Make the bed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

→ needs to
support body
weight

→ Her aunt
assists her

Hagg O, Fritzell P, Romberg K, Nordwall A. The General Function Score: a useful tool for measurement of physical disability. Validity and reliability. Eur Spine J. 2001 Jun;10(30):203-10

PATIENT NAME: Adonna SeneferDATE OF REEVAL: 8/23/07

TREATMENT PLAN: TREATMENT PLAN: office visits at a frequency of 2x 8-12 weeks
Techniques/Modalities: Flexion Distraction Full Spine Isochemic compression PIR stretching DTS
 Spinal Decompression 15min Heat/Ice 20/50/cont Ultrasound Low volt surge/tet ___ min Spinal MUA
 Manual Cerv Traction other ___ **Rehab Exercises:** cervical bends/isometrics 2x 60 secs
 Body Blade ___ x ___ Cat/camel 2x 10 secs L/S bridges 2x 10 secs L/S exten
 ___ x ___ secs ExBike ___ mins SI stretches ___ x ___ secs AB crunches ___ x ___ secs Knee/chest
 ___ x ___ secs core strengthening Balance training Posture pump ___ x ___ other ___
WORKING STATUS: returned to full/light duty on ___/___/___ **totally/ partially** disabled from
 work.

CHIROPRACTIC ASSESSMENT**CERVICAL**

839.1 CERV SUBLUXATION
 723.1 CERVICALGIA
 847.0 CERV SPR/STR
 723.2 CERVICOCRANIAL SYND
 723.3 CERVICOBRACHIAL SYND
 728.85 CERV SPASM
 729.1 CERV MYOFASCITIS
723.4 CERV RADICULITIS
 723.5 TORTICOLLIS
 737.1 KYPHOTIC CURVE
722.0 DISC DISPLACEMENT/HNP
524.6 TMJ SYND
 353.0 THORACIC OUTLET SYND
 738.4 SPONDYLOLISTHESIS
 805.4 COMPRESSION FX
 310.2 POST CONCUSSION SYNDROME
 784.0 TENSION H/A
 723.8 CERVICAL FACET SYNDROME
 723.0 CERVICAL SPINAL STENOSIS
 721.0 CERVICAL ARTHROPATHY
 386.0 CERVICOGENIC VERTIGO
 OTHER: _____

THORACIC

839.2 THOR SUBLUXATION COMPLEXES
720.1 THOR MYOFASCITIS
 847.1 THOR SPR/STR
 353.8 INTERCOSTAL NEURITIS
 722.11 DISC DISPLACEMENT/HNP
 724.4 THORACIC RADICULITIS
 737.30 SCOLIOSIS
 848.3 INTERCOSTAL STR
 805.4 COMPRESSION FX
 728.85 THOR SPASM
 OTHER: _____

EXTREMITIES

726.10 ROTATOR CUFF/IMPINGEMENT
 726.31 MED EPICONDYLITIS
 726.32 LAT EPICONDYLITIS
 840.0 SHOULDER SPR/STR
 844.9 KNEE SPR/STR
 845.00 ANKLE SPR/STR
 719.4 PAIN IN JOINT
 354.0 CARPAL TUNNEL SYNDROME
 OTHER: _____

LUMBO-SACRAL/ SI

839.3 LU/SI SUBLUXATION COMPLEXES
839.5 PELV SUBLUXATION COMPLEXES
722.1 DISC DISPLACEMENT/HNP
 724.3 SCIATICA
 724.8 FACET SYND
 756.10 FACET TROPISM
 738.4 SPONDYLOLISTHESIS
 722.73 LUMB DISC SYNDROME
 847.2 LUM SPR/STR
 846.1 SI SPR/STR
 728.85 LUM SPASM
 729.1 LUM MYOFASCITIS
 737.10 KYPHOTIC CURVE
 805.4 COMPRESSION FX
724.4 LUM RADICULITIS
 737.30 SCOLIOSIS
 724.2 LUMBAGO
 721.3 LUMBAR ARTHROPATHY
 724.02 LUMBAR SPINAL STENOSIS
 719.48 SACROILIAC JOINT PAIN
 355.0 PIRIFORMIS SYNDROME
 782.0 PARESTHESIA LOWER EXTREM
 OTHER: _____

TREATMENT GOALS:

- ☒ 1. Decrease acute pain/ Manage chronic pain
- ☐ 2. Decrease inflammation
- ☒ 3. Decrease muscle spasm/adhesions
- ☒ 4. Increase local/global ranges of motion
- ☒ 5. Reduce segmental dysfunction/ Articular adhesions
- ☒ 6. Promote spinal strength and stability
- ☐ 7. Correct postural deficit
- ☐ 8. Improve movement patterns/neuromuscular reeducation
- ☐ 9. Reduce intervertebral disc pressure/ compression
- ☐ 10. Return to work/ social activities

PATIENT SIGNATURE: Adonna SeneferDR. [Signature]

XCALIBUR CHIROPRACTIC P.C.

CHIROPRACTIC REEVALUATIONPATIENT NAME: Troneta AdrianaDATE: 8/23/07

POSTURE: () Head Tilt () Head Rotation () Head Forwarded () High Shoulder
() Anterior Pelvis () Antalgic Lean () Rounded Shoulders () High Ilium

SPINAL PALPATION**CODES:** E=EDEMA S=SPASM R=RESTRICTED MOTION TP=TRIGGER POINTS

	C2-C3	C3-C4	C5-C6	C7-T1	T2-T3	T4-T5	T6-T7	T8-T9	T10-T11	T12-L1	L2-L3	L4-L5	TRAPS	RHOMB	SI JOINTS
E															
S		/	/	/							/	/	SLC		
R		/	/	/							/	/			SLC
TP		/	/	/							/	/	SLC		

VBAI (+) (-)
CERVICAL
MANIPULATION
CONTRAINDICATED
(Y) (N)

ROM

	Cerv Norm	L/S Norm
Flexion	50 <u>50</u>	60 <u>60</u>
Extension	60 <u>50 NP</u>	25 <u>15 LBP</u>
(L) Bending	45 <u>45</u>	25 <u>20</u>
(R) Bending	45 <u>30 NP</u>	25 <u>20</u>
(L) Rotation	80 <u>80</u>	45
(R) Rotation	80 <u>80</u>	45

Cervical Orthopedic Tests:

	Left	Right
Foraminal Compression	+	+
Maximal Compression	/	/
Distraction	/	/
Soto-Hall	/	/
Valsalva	(+)	(-)
Romberg	(+)	(-)
Finger/Nose/Finger	(+)	(-)

Lumbar Orthopedic Tests:

	Left	Right
Yeoman's/Ely's	+	++
SLR/int rot/add	80 <u>+</u>	80 <u>+</u>
Braggard's	-	-
Kemp standing	+	+
Bechterew's	-	-
Milgram's	(+) <u>+</u>	(-)
Lindner's	(+)	(-)

Shoulder Tests:	Left	Right
Palpatory Findings	(E) (S)	(E) (S)
Abnormal ROM		
Codman's		
Apley's		
Yergason's		
Neer's		
Hawkin's		

TOS Tests:	Left	Right
Wright's	/	/
Adson's	/	/
Eden's	/	/
Scalenes	/	/
Pec Minor	/	/

Knee Tests:	Left	Right
Palpatory Findings	(E) (S)	(E) (S)
Abnormal ROM		
Mc Murray's		
Apley's Comp		
Apley's Distract		
Valgus / Varus		
A-P / P-A Drawer		

MOTOR	Left	Right
Shoulder Abd (C5)	/	/
Wrist Ext. (C6)	/	/
Wrist Fx (C7)	/	/
Fingers Fx (C8)	/	/
Hand Int (T1)	/	/
Hip Fx (L1-L3)	/	/
Knee Ext (L2-L4)	/	/
Heel Walk (L5)	/	/
Toe Walk (S1)	/	/

REFLEXES	Left	Right
Biceps (C5)	2	2
Brachii (C6)	/	/
Triceps (C7)	/	/
Patellar (L4)	/	/
Achilles (S1)	/	/
Babinski	/	/
128 tuning fork	/	/
Grip lbs	/	/

SENSORY	Left	Right
C5	u/r	hype
C6	/	/
C7	/	/
C8	/	/
T1	/	/
L4	hype	u/r
L5	/	/
S1	/	/

CASE MANAGEMENT

Xrays: C/S T/S L/S ext

Providers: Int Neur Orth Acu Den Psy PM&R

MRI (if pt fails to respond) C/S T/S L/S

ext

RxMeds: various painkillers @ night and

Work Hx: 2-3 days a week since last wk (massage, heat)

→ C/S → Epidural shots, helped to begin with, pain came back in neck

L/S → 5/17/07 had micro discectomy @ L4-L5, past few weeks worsening

MAJOR COMPLAINTS: NE MBP LBP H/A'SNUMBNESS/TINGLING hands/feet KNEE P ()

SH P () OTHER

TX EFFECTIVENESS: VERY MOD SLIGHT NONEPAIN TODAY 1 2 3 4 5 6 7 8 9 10 3 c/s 2 h/o 4 SDAILY LIMITATIONS: can't do workcan't jog, ski, ice skating

XCALIBUR CHIROPRACTIC TREATMENT RECORD**Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth****PATIENT NAME:** Francis Adonon**DOA:** 8/19/07**DATE:** 9/5/07**SIGNATURE:** [Signature]**TXs:** 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>5</u>	H Sh Arm	Cervical S E R <u>5</u>	Referral	Occ L R C I L R
U Thoracic P N S <u>5</u>	Rib	U Thoracic S E R <u>5</u>	Cerv exercises	Cerv L R
L Thoracic P N S <u>5</u>	Rib	L Thoracic S E R <u>5</u>	Lumb exercises	U Thoracic L R ant
L/S P N S <u>5</u>	B, Thigh, Ank	L/S S E R <u>5</u>	Adv Dx imaging	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr	L/S L R
Progress U I W	<u>Hydrating</u>	CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay****Other Tx****DATE:** 9/6/07**SIGNATURE:** [Signature]**TXs:** 94213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>5</u>	H Sh Arm	Cervical S E R <u>5</u>	Referral	Occ L R C I L R
U Thoracic P N S <u>5</u>	Rib	U Thoracic S E R <u>5</u>	Cerv exercises	Cerv L R
L Thoracic P N S <u>5</u>	Rib	L Thoracic S E R <u>5</u>	Lumb exercises	U Thoracic L R ant
L/S P N S <u>5</u>	B, Thigh, Ank	L/S S E R <u>5</u>	Adv Dx imaging	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr	L/S L R
Progress U I W	<u>Hydrating</u>	CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay****Other Tx****DATE:** 9/7/07**SIGNATURE:** [Signature]**TXs:** 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>5</u>	H Sh Arm	Cervical S E R <u>5</u>	Referral	Occ L R C I L R
U Thoracic P N S <u>5</u>	Rib	U Thoracic S E R <u>5</u>	Cerv exercises	Cerv L R
L Thoracic P N S <u>5</u>	Rib	L Thoracic S E R <u>5</u>	Lumb exercises	U Thoracic L R ant
L/S P N S <u>5</u>	B, Thigh, Ank	L/S S E R <u>5</u>	Adv Dx imaging	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr	L/S L R
Progress U I W	<u>Hydrating</u>	CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay****Other Tx****DATE:** 9/12/07**SIGNATURE:** [Signature]**TXs:** 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>4</u>	H Sh Arm	Cervical S E R <u>4</u>	Referral	Occ L R C I L R
U Thoracic P N S <u>4</u>	Rib	U Thoracic S E R <u>4</u>	Cerv exercises	Cerv L R
L Thoracic P N S <u>4</u>	Rib	L Thoracic S E R <u>4</u>	Lumb exercises	U Thoracic L R ant
L/S P N S <u>4</u>	B, Thigh, Ank	L/S S E R <u>4</u>	Adv Dx imaging	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr	L/S L R
Progress U I W		CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay****Other Tx**

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140. manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

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XCALIBUR CHIROPRACTIC TREATMENT RECORD**Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth**

Ker	Subjective	Objective	Progress	Pain Rad
P-Pain	S-Spain	U-Unchanged	H-Head	
N-Numb	E-Edema	I-Improved	Sh-Shoulder	
S-Swift	R-Restriction	W-Worse	B-Buttock	

PATIENT NAME: Moneta AdonndaDOA: 9/14/07DATE: 9/14/07SIGNATURE: [Signature]TXs: 9921

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>/</u>	H Sh Arm <u>/</u>	Cervical S E R <u>/</u>	Referral <u>/</u>	Occ L R C I L R
U Thoracic P N S <u>/</u>	Rib <u>/</u>	U Thoracic S E R <u>/</u>	Cerv exercises <u>/</u>	Cerv L R
L Thoracic P N S <u>/</u>	Rib <u>/</u>	L Thoracic S E R <u>/</u>	Lumb exercises <u>/</u>	U Thoracic L R ant
L/S P N S <u>/</u>	B, Thigh, Ank <u>/</u>	L/S S E R <u>/</u>	Adv Dx imaging <u>/</u>	L Thoracic L R ant
		Trap/ql/scal/occ/lev S <u>/</u>	Work restr <u>/</u>	L/S L R
Progress U I W <u>/</u>		CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor [Signature]Copay /Other Tx /DATE: /SIGNATURE: /TXs: /

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>/</u>	H Sh Arm <u>/</u>	Cervical S E R <u>/</u>	Referral <u>/</u>	Occ L R C I L R
U Thoracic P N S <u>/</u>	Rib <u>/</u>	U Thoracic S E R <u>/</u>	Cerv exercises <u>/</u>	Cerv L R
L Thoracic P N S <u>/</u>	Rib <u>/</u>	L Thoracic S E R <u>/</u>	Lumb exercises <u>/</u>	U Thoracic L R ant
L/S P N S <u>/</u>	B, Thigh, Ank <u>/</u>	L/S S E R <u>/</u>	Adv Dx imaging <u>/</u>	L Thoracic L R ant
		Trap/ql/scal/occ/lev S <u>/</u>	Work restr <u>/</u>	L/S L R
Progress U I W <u>/</u>		CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor /Copay /OtherTx /DATE: /SIGNATURE: /TXs: /

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>/</u>	H Sh Arm <u>/</u>	Cervical S E R <u>/</u>	Referral <u>/</u>	Occ L R C I L R
U Thoracic P N S <u>/</u>	Rib <u>/</u>	U Thoracic S E R <u>/</u>	Cerv exercises <u>/</u>	Cerv L R
L Thoracic P N S <u>/</u>	Rib <u>/</u>	L Thoracic S E R <u>/</u>	Lumb exercises <u>/</u>	U Thoracic L R ant
L/S P N S <u>/</u>	B, Thigh, Ank <u>/</u>	L/S S E R <u>/</u>	Adv Dx imaging <u>/</u>	L Thoracic L R ant
		Trap/ql/scal/occ/lev S <u>/</u>	Work restr <u>/</u>	L/S L R
Progress U I W <u>/</u>		CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor /Copay /OtherTx /DATE: /SIGNATURE: /TXs: /

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>/</u>	H Sh Arm <u>/</u>	Cervical S E R <u>/</u>	Referral <u>/</u>	Occ L R C I L R
U Thoracic P N S <u>/</u>	Rib <u>/</u>	U Thoracic S E R <u>/</u>	Cerv exercises <u>/</u>	Cerv L R
L Thoracic P N S <u>/</u>	Rib <u>/</u>	L Thoracic S E R <u>/</u>	Lumb exercises <u>/</u>	U Thoracic L R ant
L/S P N S <u>/</u>	B, Thigh, Ank <u>/</u>	L/S S E R <u>/</u>	Adv Dx imaging <u>/</u>	L Thoracic L R ant
		Trap/ql/scal/occ/lev S <u>/</u>	Work restr <u>/</u>	L/S L R
Progress U I W <u>/</u>		CROM ↓ WNL PAIN		Soft Tissue
		LROM ↓ WNL PAIN		PIR, TRP TX, F/D+circ

Doctor /Copay /OtherTx /

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

XCALIBUR CHIROPRACTIC TREATMENT RECORD**Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth****PATIENT NAME:** Moneta Adonna**DOA:** 2/19/12**DATE:** 9/17/07**SIGNATURE:** [Signature]**TXs:** 49217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>4</u>	H Sh Arm _____	Cervical S E R	Referral _____	Occ L R C I L R
U Thoracic P N S <u>7</u>	Rib _____	U Thoracic S E R	Cerv exercises _____	Cerv L R
L Thoracic P N S <u>7</u>	Rib _____	L Thoracic S E R	Lumb exercises _____	U Thoracic L R ant
L/S P N S <u>4</u>	B, Thigh, Ank _____	L/S S E R	Adv Dx imaging _____	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr _____	L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay** _____**Other Tx** _____**DATE:** 9/19/07**SIGNATURE:** [Signature]**TXs:** 49217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>4</u>	H Sh Arm _____	Cervical S E R	Referral _____	Occ L R C I L R
U Thoracic P N S <u>7</u>	Rib _____	U Thoracic S E R	Cerv exercises _____	Cerv L R
L Thoracic P N S <u>7</u>	Rib _____	L Thoracic S E R	Lumb exercises _____	U Thoracic L R ant
L/S P N S <u>4</u>	B, Thigh, Ank _____	L/S S E R	Adv Dx imaging _____	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr _____	L/S L R
Progress U I W	<u>Aggravated Disc depression</u>	CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay** _____**Other Tx** _____**DATE:** 9/20/07**SIGNATURE:** [Signature]**TXs:** 49217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>5</u>	H Sh Arm _____	Cervical S E R	Referral _____	Occ L R C I L R
U Thoracic P N S <u>5</u>	Rib _____	U Thoracic S E R	Cerv exercises _____	Cerv L R
L Thoracic P N S <u>6</u>	Rib _____	L Thoracic S E R	Lumb exercises _____	U Thoracic L R ant
L/S P N S <u>6</u>	B, Thigh, Ank _____	L/S S E R	Adv Dx imaging _____	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr _____	L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor [Signature]**Copay** _____**Other Tx** _____**DATE:** _____**SIGNATURE:** _____**TXs:** _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S _____	H Sh Arm _____	Cervical S E R	Referral _____	Occ L R C I L R
U Thoracic P N S _____	Rib _____	U Thoracic S E R	Cerv exercises _____	Cerv L R
L Thoracic P N S _____	Rib _____	L Thoracic S E R	Lumb exercises _____	U Thoracic L R ant
L/S P N S _____	B, Thigh, Ank _____	L/S S E R	Adv Dx imaging _____	L Thoracic L R ant
		Trap/ql/scal/occ/lev S	Work restr _____	L/S L R
Progress U I W		CROM ↓ WNL PAIN LROM ↓ WNL PAIN		Soft Tissue PIR, TRP TX, F/D+circ

Doctor _____**Copay** _____**Other Tx** _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

KALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

Ref	Subacute P-Pain N-Neck S-Spinal	Objective S-Sym L-Edema R-Restriction	Status U-Unchanged I-Improved W-Worse	Excluded H-Held S-Shoulder N-Neck
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PATIENT NAME: Monica Adorno DOA: 11/16/07
 DATE: 9/29/07 SIGNATURE: [Signature] TXs: 94217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/ql/scal/occ/lev S <u>✓</u>	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W <u>✓</u>	had to let my	CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor [Signature] Copay _____ Other Tx _____DATE: 9/29/07 SIGNATURE: [Signature] TXs: 94217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/ql/scal/occ/lev S <u>✓</u>	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W <u>✓</u>		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor [Signature] Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S _____ U Thoracic P N S _____ L Thoracic P N S _____ L/S P N S _____	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R _____ U Thoracic S E R _____ L Thoracic S E R _____ L/S S E R _____ Trap/ql/scal/occ/lev S _____	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W _____		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor _____ Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S _____ U Thoracic P N S _____ L Thoracic P N S _____ L/S P N S _____	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R _____ U Thoracic S E R _____ L Thoracic S E R _____ L/S S E R _____ Trap/ql/scal/occ/lev S _____	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W _____		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor _____ Copay _____ Other Tx _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035
 ultrasound TRAX-97012 mesh traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
 ADL-97535 activities of Daily Living THER-97330 therapeutic procedures
 EQUIPMENT CODES: MLDBRC-K0538 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
 EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213
 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22305 MUJA

CALIFORNIA CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Flores, AdannaDOA: 10/1/07DATE: 10/1/07SIGNATURE: [Signature]TKs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS <u>6</u> U Thoracic PMS <u>6</u> L Thoracic PMS <u>6</u> L/S PMS <u>6</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress <u>U I W</u>	<u>[Signature]</u>	CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, EDC/active

Doctor [Signature]

Copay _____

Other Tx _____

DATE: 10/1/07SIGNATURE: [Signature]TKs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS <u>6</u> U Thoracic PMS <u>6</u> L Thoracic PMS <u>6</u> L/S PMS <u>6</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress <u>U I W</u>	<u>[Signature]</u>	CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, EDC/active

Doctor [Signature]

Copay _____

Other Tx _____

DATE: 10/1/07SIGNATURE: [Signature]TKs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS <u>6</u> U Thoracic PMS <u>6</u> L Thoracic PMS <u>6</u> L/S PMS <u>6</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress <u>U I W</u>	<u>[Signature]</u>	CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, EDC/active

Doctor [Signature]

Copay _____

Other Tx _____

DATE: 10/1/07SIGNATURE: [Signature]TKs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS <u>6</u> U Thoracic PMS <u>6</u> L Thoracic PMS <u>6</u> L/S PMS <u>6</u>	H Sh Arm _____ Rib _____ Rib _____ B, Thigh, Ank _____	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress <u>U I W</u>	<u>[Signature]</u>	CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, EDC/active

Doctor [Signature]

Copay _____

Other Tx _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140, manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mesh traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97335 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-A9638 molded L/S brace ORTLL-1250 custom foot orthotics PILLW-ED190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/O adjustment QV-99213 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 h/a exam, 30 min MUJA-22505 MUJA

X-CALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Flora AndersonDOB: 1/10/03DATE: 10/12/07SIGNATURE: Blanca FrantzTX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>6</u>	H Sh Arm	Cervical S E R	Referral	Occ L R C I L R
U Thoracic P N S <u>6</u>	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S <u>6</u>	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S <u>6</u>	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W	Hand 2nd and 3rd fingers	Trans/g/seq/occ/lev S	Work restr	L/S L R
CROM + WNL PAIN			Soft Tissue PIR, TRP, TX, F/D, etc	
LROM + WNL PAIN				

Doctor: Blanca FrantzCopay: Blanca FrantzOther Tx: Blanca FrantzDATE: 10/13/07SIGNATURE: Blanca FrantzTX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>6</u>	H Sh Arm	Cervical S E R	Referral	Occ L R C I L R
U Thoracic P N S <u>6</u>	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S <u>6</u>	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S <u>6</u>	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W	Hand 2nd and 3rd fingers	Trans/g/seq/occ/lev S	Work restr	L/S L R
CROM + WNL PAIN			Soft Tissue PIR, TRP, TX, F/D, etc	
LROM + WNL PAIN				

Doctor: Blanca FrantzCopay: Blanca FrantzOther Tx: Blanca FrantzDATE: 10/18/07SIGNATURE: Blanca FrantzTX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>6</u>	H Sh Arm	Cervical S E R	Referral	Occ L R C I L R
U Thoracic P N S <u>6</u>	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S <u>6</u>	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S <u>6</u>	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W	Hand 2nd and 3rd fingers	Trans/g/seq/occ/lev S	Work restr	L/S L R
CROM + WNL PAIN			Soft Tissue PIR, TRP, TX, F/D, etc	
LROM + WNL PAIN				

Doctor: Blanca FrantzCopay: Blanca FrantzOther Tx: Blanca FrantzDATE: 10/23/07SIGNATURE: Blanca FrantzTX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>6</u>	H Sh Arm	Cervical S E R	Referral	Occ L R C I L R
U Thoracic P N S <u>6</u>	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S <u>6</u>	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S <u>6</u>	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W	Hand 2nd and 3rd fingers	Trans/g/seq/occ/lev S	Work restr	L/S L R
CROM + WNL PAIN			Soft Tissue PIR, TRP, TX, F/D, etc	
LROM + WNL PAIN				

Doctor: Blanca FrantzCopay: Blanca FrantzOther Tx: Blanca Frantz

MODALITY CODES: MMP-97010 heat/icepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MI-DBRC-K0698 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-99213 NF7WC visit CROM-93851 cervical ROM LROM-93851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

XCALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Fromentin, Adonna DOA: 11/19/97
 DATE: 10/25/07 SIGNATURE: [Signature] TX#: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS U Thoracic PMS L Thoracic PMS L/S PMS	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S/R U Thoracic S/R L Thoracic S/R L/S S/R Trap/ql/scal/occ/lev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____
 DATE: 10/26/07 SIGNATURE: [Signature] TX#: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS U Thoracic PMS L Thoracic PMS L/S PMS	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S/R U Thoracic S/R L Thoracic S/R L/S S/R Trap/ql/scal/occ/lev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____
 DATE: 10/31/07 SIGNATURE: [Signature] TX#: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS U Thoracic PMS L Thoracic PMS L/S PMS	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S/R U Thoracic S/R L Thoracic S/R L/S S/R Trap/ql/scal/occ/lev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____
 DATE: 11/02 SIGNATURE: [Signature] TX#: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical PMS U Thoracic PMS L Thoracic PMS L/S PMS	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S/R U Thoracic S/R L Thoracic S/R L/S S/R Trap/ql/scal/occ/lev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____

MODALITY CODES: HMP-97010 heat/icepack TrPTX-97140, manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
 ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
 EQUIPMENT CODES: MLDBRC-K0618 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
 EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/D adjustment OV-99213
 NFHC visit CROM-93851 cervical ROM LROM-93851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

X-CALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

Ref	Subjective	Objective	Progress	Dist Ref
P-Pain	P-Pain	A-Sym	U-Undeveloped	H-Hist
H-Hist	H-Hist	S-Sym	I-Improved	M-Mech
A-Act	A-Act	R-Restrict	W-Weak	D-Dys

PATIENT NAME: Amelia AdonnoDOA: 11/14/07DATE: 11/16/07SIGNATURE: [Signature]TX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/q/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor: _____ Copay: _____

Other Tx: _____

DATE: 11/17/07SIGNATURE: [Signature]TX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/q/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor: _____ Copay: _____

Other Tx: _____

DATE: 11/19/07SIGNATURE: [Signature]TX: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/q/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor: _____ Copay: _____

Other Tx: _____

DATE: _____ SIGNATURE: _____ TX: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S <u>✓</u> U Thoracic P N S <u>✓</u> L Thoracic P N S <u>✓</u> L/S P N S <u>✓</u>	H Sh Arm _____ Rib _____ B, Thigh, Ank _____	Cervical S E R <u>✓</u> U Thoracic S E R <u>✓</u> L Thoracic S E R <u>✓</u> L/S S E R <u>✓</u> Trap/q/scal/occ/lev S	Referral _____ Cerv exercises _____ Lumb exercises _____ Adv Dx imaging _____ Work restr _____	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, P/D+circ

Doctor: _____ Copay: _____

Other Tx: _____

MODALITY CODES: HMP-97010 hand/forepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-989410 adjustment OV-99213
NEWFC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

XCALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Yemeta, AdenaaDATE: 1/14/07SIGNATURE: [Signature]DOA: 1/14/07TX: 99713

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S	H Sh Arm	Cervical S E R	Referral	Ooc L R C I L R
U Thoracic P N S	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W		Trap/ql/scal/occ/lev S	Work restr	L/S L R
		CROM + WNL PAIN		Soft Tissue
		LRON + WNL PAIN		PIR, TRP TX, BTD circ

Doctor: [Signature]

Copay

Other Tx

DATE: 1/15/07SIGNATURE: [Signature]TX: 99713

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S	H Sh Arm	Cervical S E R	Referral	Ooc L R C I L R
U Thoracic P N S	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W		Trap/ql/scal/occ/lev S	Work restr	L/S L R
		CROM + WNL PAIN		Soft Tissue
		LRON + WNL PAIN		PIR, TRP TX, BTD circ

Doctor: [Signature]

Copay

Other Tx

DATE: 1/19/07SIGNATURE: [Signature]TX: 99713

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S	H Sh Arm	Cervical S E R	Referral	Ooc L R C I L R
U Thoracic P N S	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W		Trap/ql/scal/occ/lev S	Work restr	L/S L R
		CROM + WNL PAIN		Soft Tissue
		LRON + WNL PAIN		PIR, TRP TX, BTD circ

Doctor: [Signature]

Copay

Other Tx

DATE: 1/21/07SIGNATURE: [Signature]TX: 99713

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S	H Sh Arm	Cervical S E R	Referral	Ooc L R C I L R
U Thoracic P N S	Rib	U Thoracic S E R	Cerv exercises	Cerv L R
L Thoracic P N S	Rib	L Thoracic S E R	Lumb exercises	U Thoracic L R ant
L/S P N S	B, Thigh, Ank	L/S S E R	Adv Dx imaging	L Thoracic L R ant
Progress U I W		Trap/ql/scal/occ/lev S	Work restr	L/S L R
		CROM + WNL PAIN		Soft Tissue
		LRON + WNL PAIN		PIR, TRP TX, BTD circ

Doctor: [Signature]

Copay

Other Tx

MODALITY CODES: HMP-97010 heat/capack TrPTX-97140 manual therapy R-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation ADL-97535 activities of Daily Living THER-97530 therapeutic procedures

EQUIPMENT CODES: MLDBRC-E0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190

EXAM/ADJUSTMENT CODES: INIT-99203 initial exam RBEVAL-99214 reeval ADJ-98941A adjustment OV-99213 NF/HVC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-22505 MUJA

XCALBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Moneta, PhyllisDOB: 2/19/67DATE: 11/16/07SIGNATURE: [Signature]TXs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N/S U Thoracic P N/S L Thoracic P N/S L/S P N/S	H Sh Arm Rib Rib B. Thigh, Ank	Cervical S E/R U Thoracic S E/R L Thoracic S E/R L/S S E/R Trap/ql/ocal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TXE/D+circ
Progress U I W			Therapist L	

Doctor _____ Copay _____ Other Tx _____

DATE: 11/17/07SIGNATURE: [Signature]TXs: 99217

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N/S U Thoracic P N/S L Thoracic P N/S L/S P N/S	H Sh Arm Rib Rib B. Thigh, Ank	Cervical S E/R U Thoracic S E/R L Thoracic S E/R L/S S E/R Trap/ql/ocal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TXE/D+circ
Progress U I W				

Doctor [Signature] Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N/S U Thoracic P N/S L Thoracic P N/S L/S P N/S	H Sh Arm Rib Rib B. Thigh, Ank	Cervical S E/R U Thoracic S E/R L Thoracic S E/R L/S S E/R Trap/ql/ocal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TXE/D+circ
Progress U I W				

Doctor _____ Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N/S U Thoracic P N/S L Thoracic P N/S L/S P N/S	H Sh Arm Rib Rib B. Thigh, Ank	Cervical S E/R U Thoracic S E/R L Thoracic S E/R L/S S E/R Trap/ql/ocal/occ/lev S CROM ↓ WNL PAIN LROM ↓ WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TXE/D+circ
Progress U I W				

Doctor _____ Copay _____ Other Tx _____

MODALITY CODES: HMP-97010 head/neck Tr-PTX 97110 manual therapy R-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
EQUIPMENT CODES: MLDBRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-989410 adjustment QV-99213 NFHC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NIOSH-97750 lift exam, 30 min MUJA-32505 MUJA

X-CALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: James P. Anthony DOA: 1/14/07
 DATE: 1/13/07 SIGNATURE: [Signature] TXs: 9921

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM + WNL PAIN LROM + WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, P/D/circ

Doctor: _____ Copay: _____ Other Tx: _____

DATE: 12/3/07 SIGNATURE: [Signature] TXs: 99213

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM + WNL PAIN LROM + WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, P/D/circ

Doctor: _____ Copay: _____ Other Tx: _____

DATE: 12/5/07 SIGNATURE: [Signature] TXs: 9921

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM + WNL PAIN LROM + WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, P/D/circ

Doctor: _____ Copay: _____ Other Tx: _____

DATE: 12/6/07 SIGNATURE: [Signature] TXs: 9921

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/ql/scal/occ/lev S CROM + WNL PAIN LROM + WNL PAIN	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Occ L R C L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R Soft Tissue PIR, TRP TX, P/D/circ

Doctor: _____ Copay: _____ Other Tx: _____

MODALITY CODES: HMP-97010 heat/sleepack TrPTX-97140 manual therapy E-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
 ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
 EQUIPMENT CODES: MLDARC-K0633 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
 EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-98941/0 adjustment OV-997
 NEWFC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NTOSH-97730 lift exam, 30 min MUJA-22505 A/T

X-27:90 8007/92/030

ACALIBUR CHIROPRACTIC TREATMENT RECORD

Working /Not working Partial/ Total Disability Permanent/Temporary Board Auth

PATIENT NAME: Moneta, AronnoDOB: 4/16/67DATE: 12/10/07SIGNATURE: [Signature]TXs: 0411

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/q/soal/occl/ev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Ooc L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____DATE: 12/10/07SIGNATURE: [Signature]

TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/q/soal/occl/ev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Ooc L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor [Signature] Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/q/soal/occl/ev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Ooc L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor _____ Copay _____ Other Tx _____

DATE: _____ SIGNATURE: _____ TXs: _____

Subjective	Pain Radiation	Objective	Plan	Treatment Adjustment
Cervical P N S U Thoracic P N S L Thoracic P N S L/S P N S	H Sh Arm Rib Rib B, Thigh, Ank	Cervical S E R U Thoracic S E R L Thoracic S E R L/S S E R Trap/q/soal/occl/ev S	Referral Cerv exercises Lumb exercises Adv Dx imaging Work restr	Ooc L R C I L R Cerv L R U Thoracic L R ant L Thoracic L R ant L/S L R
Progress U I W		CROM + WNL PAIN LROM + WNL PAIN		Soft Tissue PIR, TRP TX, F/D + circ

Doctor _____ Copay _____ Other Tx _____

MODALITY CODES: HMP-97010 heat/cryopack Tr-TTX-97110 manual therapy F-stim-97014 electric stim US-97035 ultrasound TRAX-97012 mech traction EXER-97110 therapeutic exercise, 15 min PP-97112 posture pump/NM reeducation
 ADL-97535 activities of Daily Living THER-97530 therapeutic procedures
 EQUIPMENT CODES: MT-DHRC-K0638 molded L/S brace ORTH-L3250 custom foot orthotics PILLOW-E0190
 EXAM/ADJUSTMENT CODES: INIT-99203 initial exam REEVAL-99214 reeval ADJ-99414 adjustment OV-99213
 NF/WC visit CROM-95851 cervical ROM LROM-95851 lumbar ROM NTOSH-97750 lift exam, 30 min MUJA-22505 MUJA